

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07032

7032

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND Length of Stay (in this place) 2 yrs		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY TOWN STREET ADDRESS		COUNTY Penns Philadelphia (If rural give location) 75X-3	
3. NAME OF DECEASED (Type or Print)	(First) Peter	(Middle) -	(Last) Babynsky	4. DATE OF DEATH	(Month) July	(Day) 6	(Year) 1955
5. SEX	M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail sales	10b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE last birthday 77 yrs
13. FATHER'S NAME	John Babynsky		11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. -		17. INFORMANT Peter Babynsky, Sudlersville, Md.	18. MEDICAL CERTIFICATION Cause of death Small arterial sclerosis Senility Paroxysm of Left Foot	INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE	(Specify) Injury		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN)	(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 1, 1955, to July 6, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 3:53 P.M. from the causes and on the date stated above. SIGNATURE <i>P. Babynsky</i> ADDRESS <i>Sudlersville, Md.</i> DATE SIGNED <i>7/6/55</i>							
23. BURIAL, CREMATION REMOVAL (Specify)	DATE July 9	NAME OF CEMETERY OR CREMATORIUM Holy Cross		LOCATION (City, town, or county) Media		(State) Pa.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Edgar S. Lane	24. FUNERAL DIRECTOR Edgar S. Lane - Church Hill, Md.		ADDRESS			

RECEIVED

JUL 20 1955

BUREAU V. S.

Bakanowsky

## MARYLAND STATE DEPARTMENT OF HEALTH

07033

7:33

2411 N. Charles Street, Baltimore

Items 1,9, Film G186 9-8-55 et

Reg. Dist. No. 213

## CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED CITY OR TOWN STREET ADDRESS		COUNTY g. o.
		LENGTH OF STAY (in this place)			
3. NAME OF DECEASED (Type or Print)		(First) <i>Eyebrow</i>	(Middle)	(Last) <i>Emory</i>	4. DATE OF DEATH <i>July 12 1955</i>
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>About 85</i>	9. AGE last birthday If under 1 year Months Days Hours Min. <i>yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Tng</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT AND ADDRESS <i>Lucile Rich</i>		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>449X</i> Immediate cause (a) <i>Cerebral hemorrhage</i> Antecedent cause(s) (b) <i>Arteriosclerosis general + cerebral</i> 5 years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Hypertensive cardio-vascular disease</i> 3 years					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 16</i> , 1955, to <i>July 12, 1955</i> , that I last saw the deceased alive on <i>July 11, 1955</i> ; and that death occurred at <i>6 P</i> m., from the causes and on the date stated above. SIGNATURE <i>Theodor Sattelmair M.D.</i> ADDRESS <i>Stevensville</i> DATE SIGNED <i>July 14, 1955.</i>					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <i>July 14-55</i>		NAME OF CEMETERY OR CREMATORIAL <i>Stevensville (Col.)</i>	
LOCATION (City, town, or county) <i>Stevensville</i>		(State) <i>MD</i>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Elizabeth Foster</i>		24. FUNERAL DIRECTOR ADDRESS <i>Egan L. Lane church Rd</i>	

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BUREAU V.

JUL 19 1955

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07034

Item 22 Film G184 8-9-55 ams

## CERTIFICATE OF DEATH

Reg. Distr. No. 2520

## 1. PLACE OF DEATH:

County..... Queen Anne  
City or town..... Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Matilda Fisher

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

col

widow

8.(b) Name of husband or wife.....

Perry Fisher

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 1-1853

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

St. Mary's

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

Joe Carter

MOTHER

FATHER

12. Name.....

Md-

13. Birthplace

Md-

14. Maiden name.....

Dont know.

15. Birthplace

Dont know.

16. Informant.....

Maryetta Fisher daughter  
Centreville Md

Address

17. Burial.....

(Burial, cremation, or removal (where?))

Date thereof..... July 25-55

(month) (day) (year)

Cemetery or crematory.....

Chesterfield

Location.....

Centreville

18. Funeral director.....

James B. Dauchill  
Edenton

Address

19. Date rec'd by registrar.....

(Date rec'd by registrar)

19.55

Elie Armstrong

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md

County.....

Queen Anne

City or town..... Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

July 22 1955 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9 1955 to July 22 1955  
and that I last saw her alive on July 21 1955

Immediate cause of death.....

Fracture of hip  
resulting of a fall

Due to.....

Due to.....

904.0

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

4PM  
Accident, suicide, or homicide..... Accident Date of 7-16-55

Where did injury occur?.....

(City or town) /

(County) / (State) /

Injured at home, farm, industry, public place (where?).....

Home

Means of injury..... Fell in her bedroom

Injured at work?

23. SIGNATURE.....

W. Henry Fisher M. D. or other

Centreville Md Date signed 7/23/55

RECEIVED  
BUREAU V. S.  
Aug 3 1955

Items 8 & 9: Film G184  
8/5/55 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

07035

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles Street, Baltimore

7035

253

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. CITY OR TOWN <i>Quebec Anne</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY OR TOWN <i>Chester</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STATE MARYLAND LENGTH OF STAY (in this place)	
3. NAME OF DECEASED (Type or Print) <i>Henry</i>		4. DATE OF DEATH <i>July 13 1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-15-1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waterman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	9. AGE last birthday <i>52 yrs.</i>
13. FATHER'S NAME <i>Henry Gardner</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>220-16-9956</i>		17. INFORMANT AND ADDRESS <i>Mrs. Norman Gardner - Chester</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause		Acute myocardial infarction 1 hr.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Coronary thrombosis 1 hr.	
(a) _____ (b) _____ (c) _____		Hypertensive cardiovascular disease 4 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1955</i> , to <i>July 13, 1955</i> , that I last saw the deceased alive on <i>July 1, 1955</i> , and that death occurred at <i>8:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>G.W. Martin, Jr.</i> ADDRESS <i>Quebec Anne, Md.</i> DATE SIGNED <i>7/16/55</i> (Degree or title)			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>July 16</i>	
DATE REC'D BY LOCAL REG. <i>7-16</i>		NAME OF CEMETERY OR CREMATORIAL <i>Stevensville</i>	
REGISTRAR'S SIGNATURE <i>Elizabeth Hopter</i>		LOCATION (City, town, or county) <i>Stevensville</i> (State) <i>Md.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Edgar J. Lane - Church Hill, Md.</i>			

BUREAU V. S

JUL 25 1955

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117036

Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 252

## 1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN CentrevilleLENGTH OF STAY  
(In this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

Helen Elizabeth Middleton

5. SEX:  
Female6. COLOR OR  
RACE:  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):8. DATE OF BIRTH:  
Nov 14-19144. DATE  
OF  
DEATH

July 7

(Month) (Day) (Year)  
19 5510a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): Housewife10b. KIND OF BUSINESS OR  
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Centreville Md

12. CITIZEN OF WHAT  
COUNTRY? US

## 13. FATHER'S NAME:

Winton Daniel Sparks

## 14. MOTHER'S MAIDEN NAME:

Nettie Tester

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) No

16. SOCIAL SECURITY NO.: 173-10-7357

## 17. INFORMANT &amp; ADDRESS:

Nettie Tester Sparks - mother  
Centreville Md

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1  
Immediate cause(a)...  
DUE TO

Coronary occlusion (Suddenly)

INTERVAL BETWEEN  
ONSET AND DEATH

## Antecedent cause(s)

Diseases or conditions, if any, (b)...  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING  OF  
CAUSE OF DEATH. 21b. PLACE (Home, farm, factory,  
street, office bldg., etc.) 21c. (City or town) (County)  
INJURY

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY M. 21e. INJURY OCCURRED  
While at work  Not while at work  21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

## SIGNATURE

W. Henry Fisher, Deputy

CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED

7/7-55

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)  
REMOVAL (Specify): July 11-1955 Chester Rural Chester Pa

DATE REC'D BY LOCAL REG. 7-8-55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Elis Armstrong Barton Bros Centreville Md

BUREAU V. S.

JUL 12 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

07038

7/37

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Green Anne</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md Balti City</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>on farm near Bennettts Pt. - 2 a Co. Md</u>		STREET ADDRESS <u>2 a Co. Md</u>		STREET ADDRESS <u>3 Vol-14</u>	
3. NAME OF DECEASED (Type or Print) <u>Edgar Raymond Morris</u>		(First) <u>Edgar</u> (Middle) <u>Raymond</u> (Last) <u>Morris</u>		4. DATE OF DEATH <u>July 7 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>Oct 16 1902</u>	9. AGE last birthday 52 yrs.	10. I under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chapfleur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chapfleur</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Philip Morris</u>		14. MOTHER'S MAIDEN NAME <u>Mariam Mc Matthew</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Wm W. Morris - 1527 h. Carey T</u>		17. INFORMANT AND ADDRESS <u>Wm W. Morris - 1527 h. Carey T</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>241X</u> Immediate cause <u>Coronary Occlusion - he had asthma for last</u> Antecedent cause(s) <u>(a) Coronary Occlusion - he had asthma for last</u> Diseases or conditions, if any, giving rise to the above cause <u>(b) 2 1/2 yrs -</u> stating the underlying cause last <u>(c) He died following a heart attack while working</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>on a farm near Bennettts Pt. - 2 a Co. Md</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) <u>Baltimore</u> (COUNTY) <u>Maryland</u> (STATE) <u>Md</u>	
TIME (Month) (Day) (Year) OF INJURY	(Hour) m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
SIGNATURE <u>W. Henry Fisher M. D Centreville and Deputy Med-Exam for 2 a Co. Md</u>		(Degree or title) <u>ADDRESS</u> <u>7/4. 56</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>July 7 1955</u>		NAME OF CEMETERY OR CREMATORIAL <u>MT. Auburn Cemetery</u> LOCATION (City, town, or county) <u>Baltimore, Maryland</u> (State) <u>Md</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-8-55 H. H. Due Joseph L. Russ</u>				24. FUNERAL DIRECTOR ADDRESS <u>2222 W. North Ave</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96  
151

Post office

## MARYLAND STATE DEPARTMENT OF HEALTH

07039

7-38

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

Item 11,12 FilmG184 8-8-55 et

1. PLACE OF DEATH. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Queenstown</i>	
3. NAME OF DECEASED (Type or Print) <i>Hattie</i>		4. DATE OF DEATH <i>July 25 1955</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, (WIDOWED,) DIVORCED, (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>June 9-1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 80 yrs.
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME <i>Ford</i>			
16. SOCIAL SECURITY NO.			
17. INFORMANT AND ADDRESS <i>Charles B. Ford Queenstown Md</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) <i>Circulatory collapse</i> Antecedent cause(s) (b) <i>Heat prostration</i> Diseases or conditions, if any, giving rise to the above cause giving rise to the above cause stating the underlying cause last (c) <i>Myocardial insufficiency</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
		(CITY OR TOWN) (COUNTY) (STATE)	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 31, 1955</i> , to <i>July 25, 1955</i> , that I last saw the deceased alive on <i>July 25, 1955</i> , and that death occurred at <i>8:00 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>G-W Martin Jr. M.D.</i> ADDRESS <i>Queenstown, Md.</i> DATE SIGNED <i>July 25, 1955</i>			
23. BURIAL CREMATION REMOVAL (Specify) <i>cremation</i>		DATE THEREOF <i>July 28-55</i>	
DATE REC'D BY LOCAL REG.		NAME OF CEMETERY OR CREMATORIAL <i>Stevensonville</i>	
REGISTRAR'S SIGNATURE <i>A. M. Eddridge</i>		LOCATION (City, town, or county) <i>Stevensonville</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Edgar L. Lane Church, Inc.</i>			

RECEIVED  
BUREAU V. S.

AUG 4 1955

## CERTIFICATE OF DEATH

Reg. Dist. No.

Item 4, FilmGL84 8-9-55 et

## 1. PLACE OF DEATH:

COUNTY Queen Anne's MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
 TOWN Centreville life

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne's  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Centreville  
 STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE OF DEATH: (Month) (Day) (Year)

MILTON W SENEY July 21, 1955

5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  
 Male White Widowed June 11-1896 59 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Owner Telling Station 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

In Centreville Md USA

13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:

Samuel W Seneey Fannie Knobbe

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:

Yes WW#1 217-01-1799 Lee Seneey, Queen Anne's Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  
 420.1 Immediate cause (a) Coronary Occlusion  
 Antecedent cause(s) (b) Due to Found dead in bed —  
 Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS:  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY?  
 Yes  No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED OF INJURY	HOW DID INJURY OCCUR?
				M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from 6/30, 1955, to 7/22, 1955, that I last saw the deceased alive on 7/21, 1955, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. Seneey Fisher A.D. Centreville Md 7/22/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR OREMATORIY	LOCATION (City, town, or county)	(State)
Burial	July 23-55	Church Hill	Church Hill	Md

DATE REC'D BY LOCAL REG.	REG. 7-23-55	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John Armstrong	Barton Bros. Funeral Home	Centreville Md

RECEIVED  
BUREAU V. S.

AUG 3 1955

—  
Searched \_\_\_\_\_  
Serialized \_\_\_\_\_  
Indexed \_\_\_\_\_  
Filed \_\_\_\_\_

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8,9, Film G184 7-22-55 et

7-40

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

17041

## 1. PLACE OF DEATH:

COUNTY Queen Anne's  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN *Barclay*

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS  
*00*

MARYLAND  
 LENGTH OF STAY  
 (in this place)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.  
 COUNTY Kent  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN *Messy.*  
 STREET ADDRESS  
 (If rural give location)  
*14 X - 2*

3. NAME OF  
 DECEASED:  
 (Type or Print)

(First) (Middle)

(Last)

## 4. SEX:

6. COLOR OR  
 RACE:7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify):

8. DATE OF BIRTH:

75

9. AGE last birthday

81/1

79 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life,  
 even if retired):10B. KIND OF BUSINESS  
 OR INDUSTRY11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT  
 COUNTRY?

## 13. FATHER'S NAME:

*John Shelton*

## 14. MOTHER'S Maiden Name:

*Elizabeth Paly*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 (Yes, no, or unk.) (If Yes, give war or dates  
 of service)

16. SOCIAL SECURITY NO.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

*422.2*

## IMMEDIATE CAUSE

(A)  
 DUE TO*Cerebral Hemorrhage*INTERVAL BETWEEN  
 ONSET AND DEATH

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.(B)  
 DUE TO*Cerebral Arterial Occlusion*

(C)

*Chronic Hypertension*II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.*Painful*

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (If either, notify MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21c. WHERE OIO (City or town)  
 INJURY OCCUR?

(County) (State)

21d. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY21e. INJURY OCCURRED  
 While  Not while   
 at work  at work 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jue 2, 1955*, to *Jay 14, 1955*, that I last saw the deceased  
 alive on *Juy 13, 1955*, and that death occurred at *837 M*, from the causes and on the date stated above.  
 SIGNATURE *W. D. White* ADDRESS *Buckley Hill, July 15/55* DATE SIGNED *1955*

23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL  
 REGISTRAR

REGISTRAR'S SIGNATURE

24. DIRECTOR

ADDRESS

*7-17**Edgar L. Rose**Edward Miller Millington*

BUREAU V. S.  
JUL 20 1955  
RECEIVED

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MARYLAND

STATE DEPARTMENT OF HEALTH

7-41

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH. COUNTY Queen Ann Co.		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Queen Anne Co.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>X</i> TOWN Barclay		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Barclay P.S. 1 Bay 144</i>		STREET ADDRESS <i>P.S. 1, Bay 144</i>	
3. NAME OF DECEASED (First) <i>Johnson</i> (Middle) <i>de Roy</i> (Last) <i>Wilson</i>		4. DATE OF DEATH <i>July 16 1955</i>	
5. SEX <i>M.</i> COLOR OR RACE <i>C.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Painting</i>	
13. FATHER'S NAME <i>Joseph Wilson</i>		11. BIRTHPLACE (State or foreign country) <i>Queen Ann Co. Md.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>W.W. 217-16-9295</i>	
17. INFORMANT AND ADDRESS <i>Mr. Joseph Wilson - Barclay Md.</i>		12. CITIZEN OF WHAT COUNTRY <i>A.S.A.</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <i>202.1</i> Immediate cause <i>(a) Malignant lymphoma</i> Antecedent cause(s) <i>(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</i>  <i>(c)</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 23, 1955</i> , to <i>July 16, 1955</i> , that I last saw the deceased alive on <i>July 12, 1955</i> , and that death occurred at <i>2:30 P.m.</i> , from the causes and on the date stated above. SIGNATURE <i>George K. Lester M.D.</i> ADDRESS <i>Washington Md.</i> DATE SIGNED <i>7-18-55</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>July 19, 1955</i> NAME OF CEMETERY OR CREMATORIAL <i>Barclay Cemetery</i> LOCATION (City, town, or county) <i>Barclay Maryland</i> (State) <i>(State)</i>	
DATE REC'D BY LOCAL REG. <i>7-18</i>		REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i> FUNERAL DIRECTOR <i>Frank W. Wallace</i> ADDRESS <i>Charlottesville</i>	
REG. <i>7-18</i>		FUNERAL DIRECTOR <i>Frank W. Wallace</i> ADDRESS <i>Charlottesville</i>	

BUREAU V. A.

MAR 22 1955

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